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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/697,537			ing Date 29/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		l	N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A			N/A		
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ = 1		OR	x s =		
INE (37	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		•			x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and dra- sheets of paper, the applica is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	03/13/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	* 32	Minus	<b>~</b> 53		= 0	l	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 4	Minus	•••7		= 0	1	X \$100 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**			П	x \$ =		OR	x \$ =		
Ω	Independent (37 CFR 1/16(h))		Minus	***				x \$ =		OR	x s =		
ᇳ	Application Size Fee (37 CFR 1.16(s))									]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a more than 20 complete a policitation form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.